U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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	For Official USE Only
	(AUG-82055)
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1. File Number U - 4

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1/1/04 Through: 12/31/04		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name SARA B. THODY	Name UNITED_FOOD & commercial workers Local #8 Labor Organization File Number 021-322		
P.O. Box, Bldg., Room No., if any LABOR TEMPLE po Box 2925 Street 1112 7th STREET SOUTH	P.O. Box, Building and Room Number, if any LABOR TEMPLE PO E		
City GREAT FALLS	City GREAT_FALLS		
State MONTAN ZIP Code + 4 59405-292	State MONTANA ZIP Code + 4 59405-292		
5. Position in labor organization. PRESIDENT UFCW LOCAL #8			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
. Signature			

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Name of Person Filing SARA B. THODY	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name UNITED FOOD & COMMERCIAL WORKERS Trade Name, if any: P.O. Box, Bldg., Room No., if any LABOR TEMPLE PO BOX 2925 Street 1112 7th STREET SOUTH City GREAT FALLS State MONTANA COMMERCIAL WORKERS UNION LOCAL #8 UNION LOCAL #8 ZIPCode + 4 59405-2925	a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name INTERMOUNTAIN RETAIL STORE EMPLOYE PENSION TRUST & MONTANA RETAIL STO Trade Name Facy EES HEALTH & WELFARE TRUST P.O. Box, Bldg., Room No., if anywhite FLAG BUILDING				
SUITE 220 Street 104 SOUTH FREYA	11.b. Approximate doilar value of such dealing.			
City	12.a. Nature of interest held or income received.			
SPOKANE State WASHINGTON ZIP Code + 4 99202	ATTENDED TRUST MEETINGS. TRAVEL, ACCOMEDATIONS AND MEALS ARE REIM- BURSED, TO ME, BY THE TRUST FUND.			
	12.b. Amount. \$4681_00			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4	ang puliburation and the second secon			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			